

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G58276** (8)

1. Corporation Name

CPS COMMUNICATIONS, INC.



Principal Place of Business

Mailing Address

% DAVID H. GIDEON
7200 WEST CAMINO REAL, SUITE 215
BOCA RATON FL 33433

% DAVID H. GIDEON
7200 WEST CAMINO REAL, SUITE 215
BOCA RATON FL 33433

3. Date Incorporated or Qualified

09/06/1983

3a. Date of Last Report

02/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2321447

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GIDEON, DAVID H.
7200 WEST CAMINO REAL
SUITE 215
BOCA RATON FL 33433**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Sign and type or print name of registered agent in the space below. (NOTE: Registered Agent Signature required when not signing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME **D WILLIAMS, PRESTON**
STREET ADDRESS **189 PIPERS HILL RD**
CITY-ST-ZIP **WILTON CT**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME **D FOWLER, THOMAS G.**
STREET ADDRESS **74 RUSCOE RD.**
CITY-ST-ZIP **WILTON CT**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME **PD GIDEON, DAVID H**
STREET ADDRESS **7200 W CAMINO REAL #215**
CITY-ST-ZIP **BOCA RATON, FL 00000**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME **D HUSTON, PHILLIPS**
STREET ADDRESS **3300 GULFSHORE BLVD N**
CITY-ST-ZIP **NAPLES FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME **STD REYNOLDS, BEVERLY**
STREET ADDRESS **6412 VIA ROSA**
CITY-ST-ZIP **BOCA RATON FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME **D SCALA, ROBERT**
STREET ADDRESS **500 MAIN ST.**
CITY-ST-ZIP **RIDGEFIELD CT**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation; or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of an appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

407-368-9301

CR2E034 (12/95)